

REQUEST TO DIRECTORS OF INFECTION PREVENTION AND CONTROL IN ALL NHS TRUSTS (INCLUDING NHS FOUNDATION TRUSTS)

COPIED TO DIRECTORS OF PERFORMANCE AND LEAD NURSES IN THOSE TRUSTS and SHAs.

Dear Colleague

It is 8 months since the introduction of the new National Target to reduce MRSA bacteraemias by 50% by March 2008. I wanted to take this opportunity to thank everyone involved for their efforts in meeting the demands of increased data reporting and highlight the importance of reporting timely and accurate data.

As you know, the baseline figures for the target were derived from the 2003-04 returns for each NHS Trust and trajectories were constructed for achieving the reduction over three years from April 2005. Each Trust is required to submit monthly numbers of MRSA bacteraemias via the Health Protection Agency (HPA) surveillance programme in line with the CMO/CNO letter published in March this year (ref PL/CMO2005/4)..

Since the introduction of mandatory MRSA bacteraemia surveillance in 2001, you have been submitting your data to the HPA and have had the ability to undertake retrospective validation of the numbers which were then published annually, and since last year, on a six-monthly basis. However, the introduction of the Target places increased importance on submitting robust, accurate figures on time to the HPA for collation and presentation to the Department of Health.

I do understand that many existing Trust IT systems do not make this task simple. However, I must emphasise the importance of you being able to establish a system, be it IT-based or something easier, to ensure that the figures you submit every month are accurate. I would stress that if your current systems do not allow this to happen then you need to flag this with the Trust Executive team so that the appropriate management actions can be taken to support you in being able to do this.

The HPA has worked closely with Trusts over a number of years to improve reporting of a range of infections for public health surveillance purposes (including MRSA). Trusts should continue to use their local links with the Regional HPA offices and the local Health Protection Units to agree the best mechanism for ensuring the accurate submission of the monthly MRSA bacteraemia data. If the routine CoSURV reporting (or other reporting method) from your Trust is not sufficiently accurate, you need to agree an alternative or supplementary approach to ensure that the monthly collated data for your Trust is accurate for monthly MRSA reporting. For performance management purposes accurate data must be submitted for the month in question; it is not possible to wait until the end of a three month period and then submit data retrospectively. It is also of the highest importance that data checking is carried out at least quarterly.

The introduction of the enhanced surveillance to all Trusts in October 2005 should assist in this process. I hope that you have now been able to adopt this web-based system so that all MRSA bacteraemias in your Trust are being entered into the

enhanced surveillance database in real time. This system should then help to provide you with your accurate monthly returns.

The Trust Board are ultimately accountable for the data that are submitted for National Targets and the accuracy of MRSA figures will be viewed in the same way as any other target. At the Department of Health, the Central Programme Team meet every month with the Recovery and Support Unit to discuss individual Trust performances against the agreed trajectory. The discussion also includes those Trusts that do not submit data on time or submit a zero return, when it is likely that this has been submitted because the data have not been checked in time. The RSU then agree the actions that the Strategic Health Authorities will take forward with individual Trusts.

In addition to this, the Healthcare Commission will be undertaking an improvement review on healthcare associated infections (HCAI) in the new year. It is very likely that data quality will be included in their work. The Code of Practice that will be part of the new Health Bill will also place a responsibility on Trusts to participate in surveillance.

I appreciate some of the problems associated with the proper submission of data on HCAI but I do urge you to ensure that the submissions from your Trust are both accurate and timely.

Yours sincerely

Professor Brian Duerden
Inspector of Microbiology and Infection Control